

First name:

Former last name(s):





IDENTIFICATION FORM



Last name:

Nickname(s) - piease c	Nickname(s) - please circle those preferred:						
Address:							
City:	City: Postal Code:						
Phone #:	ne #: Cell #:						
Date of birth: Sex: Ethnicity:							
Language(s) spoken - please list and indicate first language:							
Birthplace - address if possible/known:							
Current living arrangements:							
Alone With family Facility Other (please describe):							
2 APPEARANCE & PHYSICAL DESCRIPTION							
2	APPEARAN	CE & PHYSICAL DE	SCRIPTIO	N			
Height:	APPEARANO	CE & PHYSICAL DE	SCRIPTIO	Shoe size:			
	APPEARAN		SCRIPTIO				
Height:		Weight:	SCRIPTIO				
Height: Eye colour:	t, bangs, etc.):	Weight:	SCRIPTIO				
Height: Eye colour: Hair style (i.e. curly, straigh	t, bangs, etc.):	Weight:	Left				
Height: Eye colour: Hair style (i.e. curly, straighted) Facial hair (describe the st	t, bangs, etc.): /le if applicable):	Weight: Hair colour: Dominant hand:	Left	Shoe size:			
Height: Eye colour: Hair style (i.e. curly, straighted) Facial hair (describe the st	t, bangs, etc.): /le if applicable):	Weight: Hair colour: Dominant hand:	Left	Shoe size:			

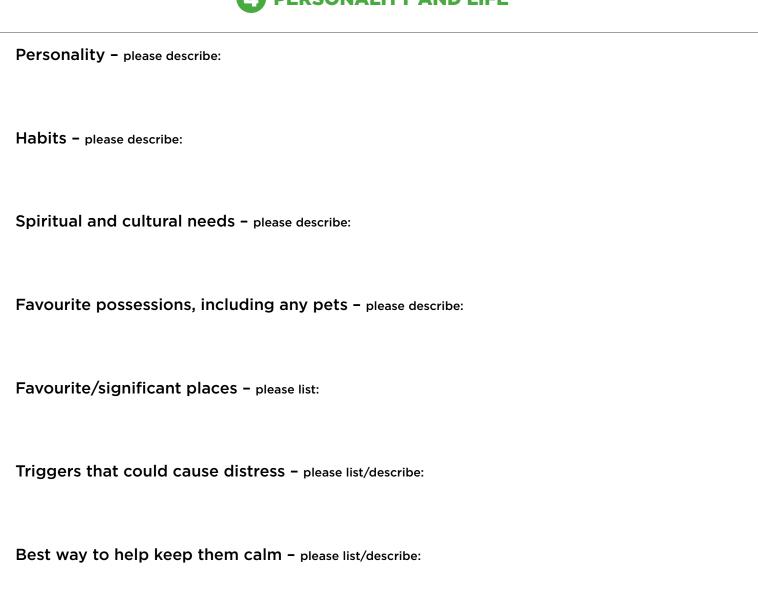
Hearing aids or difficulties? Wear glasses or contacts? Yes No Yes No **Dentures:** Upper Lower None Uses walker Mobility: Uses cane Uses wheelchair Uses scooter Other (please describe): No assistive device in use Risk factors: Suicidal Confused Frustrated Depressed Other (please describe): Smoker? Yes No Frequency: Type(s) (cigarettes, cigars, etc.): Brand(s): Drinks alcohol? Yes No Frequency: Type(s) (wine, beer, spirits, etc.): Brand(s): Note: This is needed in case alcohol is found and can help lead to the missing person. Medical conditions and history: Heart attack - date: Stroke - date: Pacemaker Congestive heart failure Diabetes Asthma Irregular Heartbeat Seizures High blood pressure Chronic obstructive pulmonary disease (COPD) Mental health and related behaviors Insulin Dependent Diabetic Cancer - diagnosis date: Currently having chemotherapy/radiation Remission Surgeries or procedures in the last five years? If so, please list: Allergies - please list, including any food allergies or sensitivities:

Medications Self-prescribed medications

please list: (i.e. vitamins, herbs, dietary supplements) - please list:

Results of not taking medications:

OHIP #:	Version:				
Family doctor's name:	Phone #:				
Family doctor's name:	Phone #:				
Do you have a Do Not Resuscitate Form (DNR) in place? Yes No				
If so, where is it?					
Is a tracking device in use? Yes No Is t	here a Power of Attorney (POA)? Yes No				
If so, who is the POA?					
Name:	Phone:				
Email:					
4 PERSONALITY AND LIFE					
Personality - please describe:					



Person who	knows them best	: is a: Fa	mily member:	Friend:	Other:
Name:			Phone #:		
Email:					
	y next of kin? oth No	ner than POA	A, or someone the	ey would wan	t to look for?
If yes, please	e list:				
Name:			Phone #:		
Email:					
Name:			Phone #:		
Email:					
Name:			Phone #:		
Email:					
Name:			Phone #:		
Email:					
Name:			Phone #:		
Email:					
Important life moments - dates and significance:					
Typical mode(s) of travel - please check all that apply:					
Driving			Public Transit	Other:	
If a driver - p		-			
License plate #: Vehicle colour:					
	e and model:				

Best way to communicate - please describe:

D			12 - 4 1	!	L: C	
Previous	addresses -	piease	list and	indicate	time or	residency:

Past places of employment - please list/describe and indicate when:

Been lost or gone missing before? Yes No

If "Yes", how many times? 1-3 4-6 7-9 10+

Where have they been found? Please list:

Date of completion:

Care partner name: Relationship:

Phone #: Email:



- Register the person living with dementia with a registry some communities have Project Lifesaver, or a Vulnerable Persons Registry – for those that don't, there is MedicAlert® Safely Home®
- Label clothing with name and care partner's phone number
- Save scent (swab with a cotton ball the armpit and put in sterilized container) for use by dogs in search and rescue
- Use a locating device. You can compare devices at tech. findingyourwayontario.ca
- Camouflage doors to deter leaving
- Provide a safe, clutter-free space to pace
- Put this form in a Ziploc bag and place in freezer for safe keeping—leave a note on the fridge to indicate this form is there
- Use Finding Your Way's Incident Response and Post-Incident checklists when the person living with dementia goes missing



Place a recent photo here:

Funded by: Ontario